

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	75331	
O.I.P.E. CLASSIFIER	<i>J</i>	48	10/20/99
FORMALITY REVIEW		69652	10/27/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	2-27-02
2	✓	✓	7-10-02
3	✓	✓	11/16/02
4	✓	✓	11/16/02
5	✓	✓	11/16/02
6	✓	✓	11/16/02
7	✓	✓	11/16/02
8	✓	✓	11/16/02
9	✓	✓	11/16/02
10	✓	✓	11/16/02
11	✓	✓	11/16/02
12	✓	✓	11/16/02
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14	✓	✓	11/16/02
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47	✓	✓	11/16/02
48	✓	✓	11/16/02
49	✓	✓	11/16/02
50	✓	✓	11/16/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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